



Texas House of Representatives  
Public Health Committee  
Interim Charge Written Testimony

Date: October 16, 2020

Interim Committee Charge: #2

Submitting Organization: Association of Substance Abuse Programs

Authorized Representative: Cynthia Humphrey  
169 Catalina Ct  
Kerrville, TX 78028

**Interim Committee Charge #2**

Thank you for the opportunity to provide comment on the Public Health Committee's Interim Charge #2.

The Association of Substance Abuse Programs (ASAP) is a membership organization that represents Substance Use Disorder (SUD) prevention, treatment, and recovery support service providers across the state. Our member base is primarily comprised of non-profit, state-funded organizations that have long histories of providing substance use disorder services in their communities and know first-hand the costly and devastating toll it has on our citizens, families, communities. Our testimony addresses the Family First Prevention Services Act component of the charge.

**FAMILY FIRST PREVENTION SERVICES ACT (FFPSA):**

Many families receiving child protective services are affected by parental substance use. Substance use was a factor in 68% of child removals by the Texas Department of Family and Prevention Services. The Family First Prevention Services Act includes reforms that can address the significant impact substance use has on child protective services and help keep children safely within their families.

One of the reforms made possible by FFSPA is to allow Title IV-E funds to be spent on mental health and substance use disorder services as well as the opportunity draw down a 50% federal match for those expenditures. Where possible, DFPS currently utilizes substance use disorder services that are funded through HHSC to treat parental substance use for the uninsured. However, DSHS funded treatment services are limited. According to the Texas Statewide Coordinated Behavioral Health Strategic Plan, of the potentially eligible population, only six percent of adults and five percent of youth were able to access HHSC funded treatment services. While there are some DFPS treatment funding opportunities for children under DFPS conservatorship to attend specialized treatment with their mothers as well as interagency agreements with HHSC, parents who are in danger of child removal must compete with other eligible Texans for limited treatment slots, especially for residential services.

The FFPSA offers Texas the opportunity to expand treatment by leveraging Title IV-E funds and the 50% federal match. An infusion of funds could support treatment capacity development for specialized women with children treatment and create an avenue to target funds for individual parent treatment (without children). Both are necessary types of treatment to help reduce child removals and keep families together and both need expanded capacity.

Families do not necessarily have to be involved with CPS system for effective child removal prevention to occur. There are many families who could benefit from SUD treatment services that are not yet involved with CPS but are on a predictable pathway due to their substance use. Expanding the definition of “foster care candidacy” beyond active or past involvement with CPS creates flexibility in how FFPSA funds can be spent which will help reduce barriers for keeping family’s together.

The recent advances in prevention science and the identification of Adverse Childhood Experiences (ACES) has provided a new framework for effective prevention services. Youth prevention programs that are focused on reducing risk factors and promoting protective factors have been proven to reduce a number of problems such as bullying, violence, poor school performance and substance abuse. The Substance Use Disorder prevention field has been a leader in developing and adopting evidence-based prevention practices and programs. The National Registry of Evidence-Based Programs and Practices (NREPP) was created by the Substance Abuse and Mental Health Administration in 1997 to provide a ranking of expert-recognized substance prevention programs. Its scientific criteria and programmatic focus have gone through several iterations since that time but it remains a foundational resource for evidence based prevention programs.

A requirement of FFPSA is that Title IV-E funds be spent on services that are included in the Title IV-E Prevention Services Clearinghouse. The current clearing house list contains few Texas programs, but states have the opportunity to submit programs for approval. Since the early 2000’s HHSC has only contracted for evidenced-based substance use prevention programs (must be listed on NREPP), therefore those programs have already met various scientific measures. We encourage the state to take the necessary steps to submit these NREPP approved programs for approval by the Title IV-E Clearinghouse.

While categorically referred to as substance use prevention, HHSC-funded programs are designed to reduce risk factors and promote protective factors and offer preventive benefits beyond substance use.

We believe it would be cost effective to expand the number of schools utilizing HHSC-funded substance use prevention programs and connect kids under the custody of DPRS to these services as well as kids with high ACE (or similar assessments) scores. Only 10.2% of Texas schools (742 of 7,260) are able to access SUD prevention programs. Where there are no HHSC funded programs in schools exist, we urge the legislature to leverage FFPSA dollars to expand the number of schools who can access these evidence-based prevention programs.

In closing, the Association of Substance Abuse Programs believes the FFPSA can help Texas achieve its common goal of keeping families strong and reduce involvement in child protective services. We urge the legislature to make the FFPSA a priority in the upcoming Session and, given substance use was a factor in 68% of DFPS child removals, include strategies to prevent and treat substance use disorders as a key focus. The Association respectfully offers the following summary of our FFSP recommendations:

- 1) Adopt appropriations strategies to draw down federal matching funds and leverage the opportunities provided through the FFPSA
- 2) Expand the definition of “foster care candidacy” in order to leverage FFPSA prevention dollars to serve families with a high probability of becoming involved with CPS.
- 3) Invest in the expansion of specialized women with children residential programs.
- 4) Allow/allocate title IV-E to pay for individual parental treatment (without their children) for those at-risk of child removal.
- 5) Link children in foster care, children at imminent risk of removal and those in the process of reunification to school and/or community-based HHSC- funded substance use prevention programs. Where no HHSC funded programs are geographically available, invest in expanding school-based prevention services.
- 6) Seek approval through the Title-E Prevention Services Clearinghouse for substance use prevention programs that met the requirements of National Registry of Evidence Based Prevention Programs.

Thank you for your time and attention. If you have questions or need additional information please feel free to contact me.